

**NON-RESIDENT MOTOR HOME PARKING WAIVER**

Parking Location: \_\_\_\_\_

Property Owner at Parking Location: \_\_\_\_\_

Property Owners Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner/Operator of Motor Home: \_\_\_\_\_

Owner/Operator Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Vehicle License # : \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

In case of emergency or after hour contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Motor Home Will Be Parked: \_\_\_\_\_

Date Motor Home Will Be Removed: \_\_\_\_\_

The duration of the waiver applied for may not exceed 14 calendar days.

Approval of this waiver application indicates that the above described motor home may be parked at the location indicated above during the dates that have been listed. All other Tipp City parking and zoning restrictions are applicable and must be complied with. The motor home described may NOT be connected to any external electrical power supply while parking on the street.

I hereby certify that the proposed request is authorized by the "Owner Of Record" of the property where the vehicle will be parked and agree to conform to all applicable laws and regulations of the City of Tipp City, Ohio.

Signature of Applicant:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to: City Manager, Applicant, Police, Fire, and Street Department